1 Control number	55555	For Official Use Only OMB No. 1545-0008		
2 Payer's name, address,			3 Payer's Federal identification number	4 Payer's State number
			5 State income tax withheld	6 Name of State
			7 Tax amt not Deceased Legal rep.	Subtotal Void
8 Recipient's social secur	ity no. 9 Gross	annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld
12 Recipient's name (first,	middle, last)		13	14 Distribution code
			For Paperwork Reduction Act No	
15 Recipient's address and	d ZIP code		Copy A—For Social Se See Instructions for Forms W-2	
	Stater	nent for Recipients of	Annuities,	Department of the Treasury

Form W-2P 1985

Pensions, Retired Pay, or IRA Payments

Internal Revenue Service

Do NOT Cut or Separate Forms on This Page

1 Control number	55555	For Official Use Only OMB No. 1545-0008	And the state of t	
2 Payer's name, address,	and ZIP code		3 Payer's Federal identification number	4 Paver's State number
			5 State income tax withheld	6 Name of State
			7 Tax amt not determined Peceased Legal rep.	Subtotal Void
8 Recipient's social secur	ity no. 9 Gross	s annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld
12 Recipient's name (first,	middle, last)		13	14 Distribution code
			For Paperwork Reduction Act N	otice, see the back of Copy D
15 Recipient's address and	I ZIP code		Copy A—For Social Se See Instructions for Forms W-2	ecurity Administration and W-2P and back of Copy D.

Form W-2P 1985

Statement for Recipients of Annuities, Pensions, Retired Pay, or IRA Payments

Department of the Treasury Internal Revenue Service

Do NOT Cut or Separate Forms on This Page

1 Control number	55555	For Official Use Only OMB No. 1545-0008		
2 Payer's name, address, a	and ZIP code	1	3 Payer's Federal identification number	4 Paver's State number
			5 State income tax withheld	6 Name of State
			7 Tax amt not Deceased Legal rep.	Subtotal Void
8 Recipient's social securi	ty no. 9 Gross	annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld
12 Recipient's name (first,	middle, last)		13	14 Distribution code
			For Paperwork Reduction Act No	otice, see the back of Copy D.
15 Recipient's address and	ZIP code		Copy A—For Social Se See Instructions for Forms W-2	

1 Control number		011DN- 4545 0000		
		OMB No. 1545-0008		
2 Payer's name, address, and ZIP code			3 Payer's Federal identification number	4 Payer's State number
			5 State income tax withheld	6 Name of State
			7 Tax amt not Deceased Legal rep.	Subtotal Void
	- L 00			11 Fadarol income tox withhold
8 Recipient's social security r	o. 9 Gross	annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld
12 Recipient's name, address, and ZIP code			13	14 Distribution code
			Copy 1—For State, C	• -
orm W-2P 1985	State Pensi	ment for Recipients o ons, Retired Pay, or II	f Annuities, RA Payments	
1 Control number	State Pensi	ment for Recipients o ons, Retired Pay, or II OMB No. 1545-0008	f Annuities, RA Payments	
	Pensi	ons, Retired Pay, or II	f Annuities, RA Payments 3 Payer's Federal identification number	4 Payer's State number
1 Control number	Pensi	ons, Retired Pay, or II	RA Payments	4 Payer's State number 6 Name of State
1 Control number	Pensi	ons, Retired Pay, or II	3 Payer's Federal identification number	
1 Control number	Pensi ZIP code	ons, Retired Pay, or II	3 Payer's Federal identification number 5 State income tax withheld	6 Name of State
2 Payer's name, address, and 8 Recipient's social security in	ZIP code	OMB No. 1545-0008	3 Payer's Federal identification number 5 State income tax withheld 7 Tax amt not determined rep.	6 Name of State Subtotal Void
2 Payer's name, address, and	ZIP code	OMB No. 1545-0008	3 Payer's Federal identification number 5 State income tax withheld 7 Tax amt not determined rep. 10 Taxable amount	6 Name of State Subtotal Void 11 Federal income tax withheld

Employee's copy and employer's copy compared

Statement for Recipients of Annuities,
Pensions, Retired Pay, or IRA Payments

1 Control number	OMB No. 1545-0008			
2 Payer's name, address, and ZIP code	•	3 Payer's Federal identification number	4 Payer's State number	
		5 State income tax withheld	6 Name of State	
		7 Tax amt not Deceased Legal determined rep.	Subtotal Void	
8 Recipient's social security no. 9 0	Gross annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld	
12 Recipient's name, address, and ZIP	code	13	14 Distribution code	
	tatement for Recipients o	Copy 1—For State, City, or Local Tax Dep Employee's copy and employer's copy compared		

101								
1 Control number			OMB No. 1545-0008					
2 Payer's name, address	s, and ZIP o	code		3 Payer's Fed	eral identifica	tion number	4 Payer's St	ate number
				5 State inco	me tax wit	nheld	6 Name of S	State
				7 Tax amt not determined	Deceased	Legal rep.	Subtotal	Void
Recipient's social secu	urity no.	9 Gross	annuity, pension, etc.	10 Taxable	amount		11 Federal inc	ome tax withheld
Recipient's name, add	Iress, and Z	ZIP code		13			14 Distribut	ion code
orm W-2P 1985		Stater Pensio	nent for Recipients or ons, Retired Pay, or IF	This inform	ation is bein		to the Internal	RAL tax retu Revenue Service ment of the Treas rnal Revenue Sen
Control number			OMB No. 1545-0008					
2 Payer's name, address	s, and ZIP o	code	OMB No. 1343-0000	3 Payer's Fed	eral identifica	tion number	4 Payer's St	ate number
	•						6 Name of S	`tata
				5 State inco	mie tax wit	meia	6 Name of	otate
				7 Tax amt not determined	Deceased	Legal rep.	Subtotal	Void
Recipient's social secu	urity no.	9 Gross	annuity, pension, etc.	10 Taxable	amount		11 Federal inc	ome tax withheld
! Recipient's name, add	ress, and a	ZIP code		13			14 Distribut	ion code
								RAL tax retu
	· · · · · · · · · · · · · · · · · · ·	States	ment for Recipients o		ation is bein	g furnished		Revenue Service
rm W-2P 1985 1 Control number			OMB No. 1545-0008		5		Inte	ment of the Treas rnal Revenue Sen
Payer's name, addres	s, and ZIP	code	L	3 Payer's Fed	eral identifica	tion number	4 Payer's St	tate number
				5 State inco	me tax wit	hheld	6 Name of S	State
				7 Tax amt not determined	Deceased	Legal rep.	Subtotal	Void
Recipient's social sec	urity po	9 Gross	annuity, pension, etc.	10 Taxable	amount		11 Federal inc	come tax withheld
			annuity, pension, etc.		amount			
? Recipient's name, add	dress, and I	ZIP code		13			14 Distribut	ion code
								RAL tax retu

1 Control number		OMB No. 1545-0008	,				
2 Payer's name, address, and	3 Payer's Federal identification number 4 Payer's State number			ate number			
			5 State inco	me tax wit	hheld	6 Name of S	tate
			7 Tax amt not determined	Deceased	Legal rep.	Subtotal	Void
8 Recipient's social security no	o. 9 Gross	annuity, pension, etc.	10 Taxable	amount		11 Federal inco	ome tax withheld
12 Recipient's name, address, a	and ZIP code		13	***		14 Distributi	on code
						ipient's Rec	
orm W-2P 1985		ment for Recipients o	f Annuities,		ng furnished	Depart	ment of the Treasural Revenue Service
1 Control number		OMB No. 1545-0008					
2 Payer's name, address, and	ZIP code		3 Payer's Fede	eral identifica	ation number	4 Payer's St	ate number
			5 State inco	me tax wi	thheld	6 Name of S	tate
			7 Tax amt not determined	Deceased	Legal rep.	Subtotal	Void
8 Recipient's social security n	o. 9 Gross	annuity, pension, etc.	10 Taxable	amount		11 Federal inc	ome tax withheld
12 Recipient's name, address,	and ZIP code		13			14 Distribut	ion code
				,			
						ipient's Red	cords Revenue Service
Form W-2P 1985	State: Pensi	ment for Recipients o ons, Retired Pay, or I	f Annuities, RA Payments	5			ment of the Treasu rnal Revenue Servi
1 Control number		OMB No. 1545-0008					
2 Payer's name, address, and	ZIP code		3 Payer's Fede	eral identific	ation number	4 Payer's St	ate number
			5 State inco	me tax wi	thheld	6 Name of S	itate
			7 Tax amt not determined	Deceased	Legal rep.	Subtotal	Void
8 Recipient's social security n	o. 9 Gross	annuity, pension, etc.	10 Taxable	amount	Land .	11 Federal inc	ome tax withheld

5 State income tax withheld

7 Tax amt not determined rep.

8 Recipient's social security no.

9 Gross annuity, pension, etc.

10 Taxable amount

11 Federal income tax withheld

12 Recipient's name, address, and ZIP code

13

14 Distribution code

Copy C—For Recipient's Records
This information is being furnished to the Internal Revenue Service

Notice to Recipient:

If you will owe income tax (after withholding) of \$500 or more in 1986, and if you had any income tax liability for 1985, you should file **Form 1040-ES**, Estimated Tax for Individuals, and pay the tax in installments during the year. You can, instead, increase the withholding from your pension or annuity. To arrange this, please file **Form W-4P**, Withholding Certificate for Pension or Annuity Payments, with the payer.

You may also elect not to have income tax withheld from your pension or annuity. (You may revoke this election at any time.) See Form W-4P for details.

If the amount in box 9 is a payment from an IRA, SEP, or DEC, or a distribution other than a normal retirement distribution from any other plan, box 14 should have a code number showing the reason for the payment. The code is a four-digit number starting with 555. The fourth digit identifies the type of distribution: 1 for a premature

distribution (other than for rollover, disability, or death); 2 for a rollover; 3 for disability; 4 for death; 6 for other; 7 for a normal IRA, SEP, or DEC distribution; 8 for excess contributions plus earnings on such excess contributions.

If there is no entry in box 10, Taxable amount, the payer probably does not have all the facts needed for figuring the taxable amount. Since only the taxable amount is includible in income, you may want to get one of the following publications from an IRS office to help you figure the taxable amount:

Publication 567, U.S. Civil Service Retirement and Disability;

Publication 571, Tax-Sheltered Annuity Programs for Employees of Public Schools and Certain Tax-Exempt Organizations;

Publication 575, Pension and Annuity Income; Publication 590, Individual Retirement Arrangements (IRA's).

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1 Control number		ì			
		OMB No. 1545-0008			
2 Payer's name, address, and	ZIP code		3 Payer's Federal identification number	4 Payer's State number	
			5 State income tax withheld	6 Name of State	
			7 Tax amt not Deceased Legal rep.	Subtotal Void	
8 Recipient's social security no	9 Gross	annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld	
12 Recipient's name, address, a	and ZIP code		13	14 Distribution code	
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2 Payer's name, address, and	ZIP code		3 Payer's Federal identification number	4 Payer's State number	
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			7 Tax amt not Deceased Legal determined rep.	Subtotal Void	
8 Recipient's social security no	o. 9 Gross	annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld	
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Form W-2P 1985	Pensi	ons, Retired Pay, or I	RA Payments		
1 Control number		OMB No. 1545-0008			
2 Payer's name, address, and	ZIP code		3 Payer's Federal identification number	4 Payer's State number	
			5 State income tax withheld	6 Name of State	
			7 Yax amt not Deceased Legal determined rep.	Subtotal Void	
8 Recipient's social security no	o. 9 Gross	annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld	
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1 Control number		OMB No. 1545-0008					
2 Payer's name, address	3 Payer's Federal identification number			4 Payer's State number			
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			7 Tax amt not determined	Deceased	Legal rep.	Subtotal	Void
8 Recipient's social secu	rity no. 9 Gross	annuity, pension, etc.	10 Taxable	amount		11 Federal inco	me tax withheld
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orm W-2P 1985	State Pensi	ment for Recipients o ons, Retired Pay, or I	f Annuities, RA Payment	s		Departm Intern	ent of the Treas al Revenue Serv
1 Control number		OMB No. 1545-0008					
2 Payer's name, address, and ZIP code			3 Payer's Federal identification number			4 Payer's State number	
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1 Control number		OMB No. 1545-0008					
2 Payer's name, address, and ZIP code			3 Payer's Fed	leral identifica	ation number	4 Payer's Sta	ate number
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12 Recipient's name, address, and ZIP code			13			14 Distribution code	
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Instructions

Please use this form to report payments under a retirement plan. Examples are pensions, retainer pay, annuities under a purchased contract, and payments from individual retirement accounts or annuities. See separate **Instructions for Forms W-2 and W-2P** for more information on how to complete Form W-2P.

Use Form W-2 to report payments that are subject to social security tax.

You need not file Form W-2P for the following cases: (a) You paid retirement benefits that are exempt from tax such as Veterans Administration payments. (b) You made payments as a fiduciary, filed Form 1041, and gave each beneficiary a Schedule K-1 (Form 1041). (c) You made total distributions reported on Form 1099-R.

Paperwork Reduction Act Notice.—We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1985—423-037 E.I. 36-2469137

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